
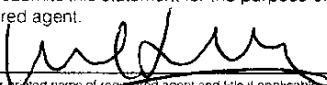


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90093 030 ***150.00

DOCUMENT # P05000023700			
1. Entity Name MANUEL S. PRIETO, INC.			
Principal Place of Business 290 174TH STREET, M-16 SUNNY ISLES BEACH FL 33160		Mailing Address 290 174TH STREET, M-16 SUNNY ISLES BEACH FL 33160	
2. Principal Place of Business 816 NW 11th St #905 Suite, Apt. #, etc. #905		3. Mailing Address 816 NW 11th St #905 Suite, Apt. #, etc. #905	
City & State Miami, FL Zip 33136 Country USA		City & State Miami, FL Zip 33136 Country USA	
6. Name and Address of Current Registered Agent PRIETO, MANUEL S. 290 174TH STREET, M-16 SUNNY ISLES BEACH FL 33160		7. Name and Address of New Registered Agent Name SAME / NEW ADDRESS Street Address (P.O. Box Number is Not Acceptable) 816 NW 11th Street #905 City Miami FL Zip Code 33136	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIETO, MANUEL S. 290 174TH STREET, M-16 SUNNY ISLES BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. PRIETO, MANUEL S. 816 NW 11th Street #905 MIAMI FL 33136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/05)

4. FEI Number
202463474 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/06 954.895.0398
Date Daytime Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.